

# Beneficiary Designation

Read all instructions carefully. Provide complete information to facilitate benefit payment. Questions? Call 206-684-1556.



- Use this form and additional copies as needed to designate or update beneficiaries for your county insurance death benefits. Provide complete information. You may list only the last 4 digits of Social Security numbers, but complete numbers facilitate benefit payment.
- If you submit one form, your beneficiaries receive all county life, AD&D and LTD survivor insurance benefits for which you are eligible. If you want to designate different beneficiaries for each benefit, submit separate forms and indicate on each form the benefit to which it applies (life, AD&D or LTD).
- The first beneficiary listed below is automatically your primary beneficiary, but you may designate other primaries if you want more than one to share benefits. You may list contingents, too. Contingents receive benefits if no primaries are living when you die.
- Assign the benefit percentage each primary receives and the percentage each contingent receives. If you don't designate percentages, beneficiaries receive equal shares. Percentages must total 100% for all primaries and 100% for all contingents.
- Submit separate forms to update beneficiaries for state retirement and deferred compensation.
- Mail the signed original of this form to Benefits and Retirement Operations, Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598 and keep a copy for your records.

List beneficiaries with complete information to facilitate benefit payment

Name	Relationship	Birth Date	Soc Sec No	Primary - %	Contingent - %
1. _____				<input checked="" type="checkbox"/> _____	<input type="checkbox"/> _____
Address _____ Phone _____					
2. _____				<input type="checkbox"/> _____	<input type="checkbox"/> _____
Address _____ Phone _____					
3. _____				<input type="checkbox"/> _____	<input type="checkbox"/> _____
Address _____ Phone _____					
4. _____				<input type="checkbox"/> _____	<input type="checkbox"/> _____
Address _____ Phone _____					
5. _____				<input type="checkbox"/> _____	<input type="checkbox"/> _____
Address _____ Phone _____					
6. _____				<input type="checkbox"/> _____	<input type="checkbox"/> _____
Address _____ Phone _____				All must total 100%	All must total 100%

If your spouse isn't designated primary with at least 50%, have him/her sign this section

*I'm the employee's spouse and have reviewed the above beneficiary designation; I understand by signing below I hereby consent to the beneficiaries as designated and waive any rights I may have under applicable community property laws to a greater share of the survivor benefits.*

Spouse signature \_\_\_\_\_ Date signed \_\_\_\_\_

Printed name \_\_\_\_\_

## Authorize your designations

*By signing and dating this form, I designate the above as my beneficiaries. I understand that if a minor (person not of legal age) or my estate is the beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefits can be paid. This may mean legal expenses for my beneficiaries and a possible delay in payment to them.*

Employee signature \_\_\_\_\_ Date signed \_\_\_\_\_

Printed name \_\_\_\_\_ Contact phone (\_\_\_\_\_) \_\_\_\_\_

Paid ☐ 5<sup>th</sup> and 20<sup>th</sup> ea month ☐ Every other Thursday PeopleSoft ID or Soc Sec No \_\_\_\_\_